| · N | NISS | 00 | | <i>-</i> | 131011 01 1127 | ALTH — STAND | · · · · · · · · · · · · · · · · · · · | | | | | -U/Z/ | 709 |
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| DO NOT WRITE | ARTM | EN T | OF I | P U B | LIC HEALTH AND W Registration District No | ELFARE 77 Pri | mary Registration | 1 District No. 3016 | / 2Registrar's N | . 293 | STA | ATE FILE NU | MBER |
| ON THIS STUB | • | AMENI | DED | _ | | 9_1963 | | · | | | | Investe at a | |
| VS 300 | 8 | | | ı | | C ole | | | a. STATE N O | ENCE (Where dece | _ | conade | |
| Rev. 4/59 | S | | 11 | | OR _ | orporate limits, give TOWN | ISHIP only) | Length of stay in 1b | c. CITY OR | Manuel | | | Inside Limits |
| 162/6 | AMENDED | | | | - FULL MANE OF HE | erson City NOT in hospital, give local | -tio=\ | 1 Week | TOWN d. STREET | Morrison | cuttide, give to | | Yes K No 🗆 |
| 10269 | lш | | 11 | ı | HOSPITAL OR | . Mary Hospit | ition) | Yes 🛣 No 🗆 | ADDRESS | (ii | cunide, give (di | carionj | Reside on Farm Yas □ No 🖸 |
| 2 0370 | 28 | Ш | Ш | ı | | | al. | | <u> </u> | | | | Ter Ci No Ri |
| 3 | | | | ı | NAME OF DECEASED (Type or print) | Edward | Hubert | Mertens | Last | 4. DATE OF DEATH | Month July | 20 | 1963 |
| 5 / | | | | | 5. SEX Male | 6. COLOR OR RACE Cau | 7. Married Widowed | | 8. DATE OF BIRT 3/17/93 | | birthday) IF UN Monti | DER 1 YEAR | IF UNDER 24 HR Hours Min. |
| | | | | | 10a USUAL OCCUPATION | | 10b. KIND OF | BUSINESS OR INDUSTR | Y 11. BIRTHPLACE | (City and state or | country) 12. | CITIZEN OF | WHAT COUNTRY |
| 6 | FOLLOWS | | | | | Stiffasteired) | | Office | Cole C | amp Mo. | | US | <u> </u> |
| 70 | ᇍ | | | ı | Henry J. M | omt on a | 1 | NOTHER'S MAIDEN NAM | E | | AME OF HUSBAN | | 1 |
| R 7 I | | | Ιİ | | 15. WAS DECEASED EVER | | | Inn Meuser | 17. INFORMANT | Gas | sena Bos. Address | s Mert | ens 📜 |
| m./ | AS | | | | (Yes, No or unknown) (If | yes, give war or dat | | 76 | Mrs Gase | na Merten | s Mormi | son. M | , |
| | ARE | | | Ξĺ | 18. CAUSE OF DEATH | (Enter only one cause per DEATH WAS CAUSED BY | line for (a), (b), | | 140 0000 | MG TICL COIL | S MOLLI | IN | TERVAL BETWEEN |
| 10 | ۾ اچ | | 1 1 | ѿӀ | | | : | | A . A | | | 1 0 | NSET ANDADEATH |
| | | | 1 1 | ≨ | | IMMEDIATE CAUSE (| + // | melen of | the m | mound | A | . 2 | SET AND DEATH |
| 11 | | | | Wnoc | | | + // | anten of | the m | yourd | | | SET AND DEATH |
| 1/3// | S RECORD | | | DOCUM | which g | DONS, if any, DUE TO (| » I nf | anden of | the n | yours. | | 2 | whe whe |
| $\frac{12}{13}\frac{2.0}{2.0}$ | THIS | | | DOCUM | which g above stating | IMMEDIATE CAUSE (a | De Leven | on len of | the m | yours. | | 3 | whe |
| 13 3-0 | ON THIS | | | DOCUM | which g above stating lying c | ons, if any, pave rise to cause (a), the under- | (c) J3/ | ONTRIBUTING TO DEAT | Chrule H but not related | to the terminal | PART III, If | deceased | whe |
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| 13 3-0 | ON THIS | | | DOCUM | PART II 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hou | ons, if any, pave rise to cause (a), the undertake last. DUE TO disease condition given 20a. ACCIDENT SUICIL Month, Day, Year | (c) ASA CONDITIONS CO In PART I (a) E HOMICIDE | | | | the | deceased ere a pregnar | was female wesney in last 90 days. |
| 13 Z _{- 0} | THIS | | | DOCUM | PART II 19. WAS AUTOPSY PERFORMED? YES DO NO 20c. TIME OF INJURY p.m. | ons, if any, pave rise to cause (a), the under-cause (a), the under-date last. DUE TO disease condition given 20a. ACCIDENT SUICIL | (c) 2.5.1 CONDITIONS CO IN PART I (a) | 20b. DESCRIBE HO | W INJURY OCCURR | ED. (Enter nature of | f injury in PART | deceased tre a pregnal Yes | was female was next in last 90 days. No Unknown of Item 18.) |
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SEP 6 LANGE

STATEMENT BY LICENSED EMBALMER

| by | , Student Embalmer No |
|-------------------------------------|--------------------------|
| king under my personal supervision. | signed Owal L. Honer |
| Signature of Student Embalmer | |
| | Licensed Embalmer Ng. 57 |
| • | P. O. Address January |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If, this body is not embalmed, fact should be so stated above.